



## North Carolina Department of Health and Human Services

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### **Future of Innovations Waiver and IDD System Design**

**November 7, 2014, 1:00 PM – 4:00 PM**

**Location: Brown Building – Dorothea Dix Campus: Conference Room  
Meeting Minutes**

#### **Introductions**

#### **Plan Approval Process for the NC Resource Allocation Model What don't you like that you would want changed?**

##### **Stakeholder Comments:**

- Not a medical model format. Move away from this approach
- Understand the need for assessments, having said that people are afraid to do these assessments because of what they will get in return
- For UM reviewers to really know what services are out there and how they actually run. They would consider adding care coordination. They are talking about formal and informal support
- Person center value of "to" is equal to "for"
- Where in the plan do the short range goals fall into play?
- More goals should not equal more services

**How do we design a plan Approval Process so we remain accountable to the person, while remaining both clinically and financially responsible to the system, while allowing the individual to reach their dreams?**

##### **Stakeholder Comments:**

- Having some guidance
- Individual financing
- Clarity of budgeting and services

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- Flexibility
- Will we have the ability to fund these services
- Habilitative vs. Medical Model (medical when needed)
- Making sure it is medically necessary

**If you can change anything about the Plan Approval Process, what would it be?**

**Stakeholder Comments:**

- Re-approval process
- Assessment every 3-5 years
- Longer rehabilitation but person centered
- Don't want people to have fears about plans being changed
- Assess needs when they change
- Plan development process
- Appeal rights
- Making sure there are no service disruptions

**Presentation**

**Goals of the Innovation Waiver**

- To provide an array of community based services and support
- Offer service options to achieve life goals
- Value and support waiver participants
- Promote promising practices that result in real life outcomes
- Provide quality services and improve services

**How are the goals of the Innovations Waiver incorporated into a resource allocation model?**

- An RA model provides the ability to ensure flexibility and align resources with needs

**What are the recommendations for change?**

- Individuals must be eligible for Medicaid or determine qualify for Medicaid
- Individuals must meet ICF-IID level of care

**What will stay the same with a RA model?**

- All types of support is important and will be woven together into a plan that meet and support e person's needs, goals, preferences, and dreams
- Work with care coordination to develop a plan

**Temporary needs?**

- Planning team can request additional service support

**Permanent Need?**

- Something that is not going to be resolved in six months. They are going to need more care, something that is going to be monitored

### **Retrospective Reviews**

- Look back at services that were delivered.
- This may be done for individuals, for a provider, for a service, for clinical descriptions, and/or for the model.

### **Stakeholder Comments:**

- Allow the plan review process to honor the decision of the planning team and to assure that there services and supports that were delivered achieved the outcomes desired
  - Care coordination can still do the ISP
  - Did not feel like stuff that was being done was person centered
  - May need to think about calling it something else besides “Retrospective Reviews”
  - Can we separate the person center process from the funding

**Next Meeting:            Friday November 21st, 1pm – 4pm – Clark Building**

Meeting Schedule:

December 5<sup>th</sup> – Brown Building

December 19<sup>th</sup> – Brown Building

All meetings are held on Fridays from 1pm – 4pm